



Letter of Authorization for Local Number Portability

One form is required for each carrier port request.

Business Name (End User Name): _____

Service Address: _____

City, State, Zip: _____

Current Carrier Information

Current Provider: _____

Account Number: _____ **PIN Number:** _____
(required for most carriers)

Porting Telephone Numbers:

Enter the main BTN (Billing Telephone Number) on the first line below and indicate if it should be ported or not. The Main BTN is required. List any other numbers that need to be ported under Additional Numbers. For each number to be ported, indicate if you would like E911 and Directory Listing (DL) or Caller ID (CNAM) on the number. A minimum of one E911/DL is required per service location address. If CNAM is requested, then indicate the name to display (max 15 characters with spaces). Indicate if any numbers are fax numbers. For each E911 a fee will apply. CNAM are at no cost. Use another form for additional numbers to port if needed.

Number	Port	Fax #	E911 & DL	CNAM	CNAM Entry to Display
Main Billing Telephone Number	Y N <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	[<input type="checkbox"/>	_____
Additional Numbers:					
_____		<input type="checkbox"/>	[<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	[<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	[<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	[<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

To all interested telecommunications carriers:
The above-referenced Customer ("Customer") hereby appoints TampaBay DSL Inc., DBA ("KUDUCOM") as its agent for all matters concerning local, long distance and toll free telecommunications services, and has directed KUDUCOM to initiate specific moves, changes, and disconnects to the existing service arrangements that Customer has with its current carrier(s). All concerned carriers are hereby authorized and requested to comply with orders placed by KUDUCOM to effect such changes. By signing below, the Customer affirms that he/she has full authority to order such changes on behalf of Customer and further that KUDUCOM and any other carrier shall be held harmless for any damages caused by proper execution of these change requests as ordered.

Print Legibly (Authorized Name on Act)

Signature (Authorized Signature)

Date (Authorized Date)